



***City of Milpitas***  
***Veterans Commission Donation Program 2016-2017***

**Application Cover Page**

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**Organization Name:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Donation Goal(s) Met (Check all that apply):**

☐ *Quality of Life*      ☐ *Service/Education Outreach*      ☐ *Events/Activities*

**Donation Request Amount:** \$ \_\_\_\_\_ **Organization Annual Budget:** \$ \_\_\_\_\_

**Project/Program Name:** \_\_\_\_\_

**The undersigned hereby certified that she/he:**

- 1. Is the applying artist or a principal officer of the applying organization with the authority to obligate it.**
- 2. Information in this application and its attachments is true and correct to the best of his/her knowledge.**

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**Principal Officer Signature**

**Name (print)**

**Date**